

1211

PLACE OF BIRTH
County of Pima
District of 1st
Town of Maricopa
or
City of Maricopa (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131
Co. Register No. 772
Local Registrar's No. _____

FULL NAME OF CHILD Mmanuel Casas
If child is not named, make Supplemental Report on blank obtainable from local Registrar.

Sex of Child M Twin, Triplet or other 1 and 4 Number in order of birth 4 Legitimate? Y Date of Birth Dec 24 1920
(Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	<u>Jose Casas</u>	Full Maiden Name	<u>Josephina Gomez</u>
Residence	<u>Maricopa</u>	Residence	<u>Maricopa</u>
Color or Race	<u>Mex</u>	Color or Race	<u>Mex</u>
Age at last Birthday	<u>33</u> (Years)	Age at last Birthday	<u>28</u> (Years)
Birthplace	<u>Mexico</u>	Birthplace	<u>Mexico</u>
Occupation	<u>Laborer</u>	Occupation	<u>N</u>

Number of child of this mother 4 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of the above child; and that it occurred on Dec 24 1920, at 10 M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) Charles E. Trim
(Attending physician, midwife, householder.)*
Address Maricopa
Given or Christian name added from a supplemental report _____ 192_____
432-1224-179 COUNTY REGISTRAR.
Filed 12/30 1920
A True Copy
Filed 1-6 1921
LOCAL REGISTRAR.
COUNTY REGISTRAR.